

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/700863	FILE NO. 09/700863
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	53					
TOTAL CLAIMS	57					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
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TOTAL DEP.						
TOTAL CLAIMS						